

Introduction

Beneficiary Selection Form

(If Member Dies Before Retirement)

Form Last Revised: October, 2001

The *Beneficiary Selection Form* allows a member to select an eligible beneficiary to receive an allowance if the member dies before retirement and to select a beneficiary(ies) to receive payment of accumulated deductions and other payments due to a member if the member dies before retirement. Keep in mind:

- Only certain of your relatives qualify as an eligible beneficiary for benefits under G.L. c. 32, § 12(2)(d), but any person or entity can be selected as a beneficiary(ies) for a return of your accumulated total deductions.
- Your selection on this form may be superseded by an eligible spouse under the provisions of G.L. c. 32, § 12(2)(d) if you die before retirement.
- This form becomes void upon your retirement.
- If you divorce or your personal situation changes, you may wish to file a new form with your retirement board.



Beneficiary Selection Form (If Member Dies Before Retirement)

Form Last Revised: October, 2001

**Retirement
Board:** Please
place your address
and phone
number here. ▶

Leominster Contributory Retirement Board
City Hall, 25 West Street, Room 15
Leominster, MA 01453
978-534-7507 ext 246 fax 978-534-7508

Choice of Beneficiary to Receive a Return of Accumulated Total Deductions at Member's Death

I, (Print Name) , a member of the
Retirement System hereby request the Board of Retirement to pay any sum referred to in G.L. c. 32, § 11(2)*
due at my death to the following beneficiary or beneficiaries in the proportions designated.

My selection may be superseded by a selection under G.L. c. 32, § 12(2)(d) if I die leaving an eligible spouse
who elects to receive a monthly benefit.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon
my retirement, this form becomes void.

*The types of payments covered under G.L. c. 32, § 11(2) include:

- The payment of the accumulated deductions credited to a member's account in the annuity savings fund at
the date of death when the member's death occurs prior to his/her retirement.
- The amount of any uncashed checks payable to a member at his or her death.
- Any person or entity may be a beneficiary under G.L. c. 32, § 11(2). Give complete name and address of
each beneficiary below:

			Proportion To Be Paid
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Name	<input type="text"/>	SSN <input type="text"/>	<input type="text"/>
Address	<input type="text"/>		

Member's Signature _____ Date _____

Member's Address



Member's Last Name First M.I. Social Security #

To Be Completed by Witness of Choice of Beneficiary of
Accumulated Total Deductions.

Signature of Witness _____ Date _____

Name of Witness (Print) _____

Choice of Option (D) Beneficiary

I, (Print Name) , a member of the
Retirement System, hereby nominate the beneficiary * listed below, under the provisions of G.L. c. 32, § 12(2)(d)
to receive from the retirement system a benefit equal to the Option (C) retirement allowance which would
otherwise have been payable to me in the event that I die before being retired.

I understand that I may change my beneficiary designation at any time prior to my retirement and that upon
my retirement this form becomes void.

I understand that this choice of Option D Beneficiary can be superceded if, at my death, I leave a spouse to
whom I have been married for over one year and with whom I am living on the date of my death, or if living
apart, for justifiable cause as determined by the Retirement Board.

Beneficiary

Name of Eligible Beneficiary Beneficiary's Relationship to Member

Beneficiary's Date of Birth (*Attach birth record*) Beneficiary's Social Security #

Member

Member's Signature _____ Date _____

Member's Street Address Member's Social Security #

City/Town State Zip

To Be Completed by Witness of Choice of Option D Beneficiary

Witness' Signature _____ Date _____

Witness' Name (Print)

* An eligible beneficiary is defined under G.L. c. 32, § 12(2)(d) as the spouse, former spouse who has not
remarried, child, father, mother, sister or brother of the member.